LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals. Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

Instructions

- · Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, \$401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.
- Complete employer verification form(s) for each employer and each person you represent as listed below.

L. NAME FONTENOT RIM W. Last First Mf CM-11 CM-12 2. BUSINESS PHONE 318 - 942 - 8078 Area Code and Phone Number 3. BUSINESS ADDRESS 369 BABT LANDRY, OPELOUSAS, LA 70570 Street and No. City State Zip 4. EMPLOYER CIRCO 5. EMPLOYER'S ADDRESS Post Office Box 5000 Pineville LA 71361-5000 Street and No. City State Zip	V		70					C 7	
Last first MI CKH 2714 2 2. BUSINESS PHONE 318 - 942 - 8078 Area Code and Phone Number 3. BUSINESS ADDRESS 369 EAST LANDRY, OPELOUSAS, LA 70570 Street and No. City State Zip 4. EMPLOYER CLECO 5. EMPLOYER'S ADDRESS Post Office Box 5000 Pineville LA 71361-5000 Street and No. City State Zip 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATIO BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATC LISTING. 1. Name CLECO Address Post Office Box 5000, Pineville, LA 71361-500 (2030 Donahue Forry I Business or purpose Investor-owned electric utility Does this person pay you? 2. Name Address Business or purpose Does this person pay you?	HE NIZIAR	FONTENOT	KIN						Ş.
Area Code and Phone Number 3. BUSINESS ADDRESS 369 EAST LANDRY, OPELOUSAS, LA 70570 Street and No. City State Zip 4. EMPLOYER CIRCO 5. EMPLOYER'S ADDRESS Post Office Box 5000 Pineville LA 71361-5000 Street and No. City State Zip 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization of (d) whether or not the client of someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATIO BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH LISTING. 1. Name CLECO Address Post Office Box 5000, Pineville, LA 71361-500 (2030 Donahue Farry I Dusiness or purpose Envestor-owned clocarie attility Does this person pay you? 2. Name Address Business or purpose Does this person pay you?	I. NAME		ACCOUNT	100		м	CKI	105542	
Area Code and Phone Number 3. BUSINESS ADDRESS 369 BAST LANDRY, OPELOUSAS, LA 70570 Street and No. City State Zip 4. EMPLOYER CLECO 5. EMPLOYER'S ADDRESS Post Office Box 5000 Pineville LA 71361-5000 Street and No. City State Zip 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization of (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATIO BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATC LISTING. 1. Name CLECO Address Post Office Box 5000, Pineville, LA 71361-500 (2030 Donahue Forry I Business or purpose Investor-owned electric attility Does this person pay you? 2. Name Address Business or purpose Does this person pay you?	2 BUSIN	ESS PHONE 318 -	942 - 8078						
Street and No. City State Zip 4. EMPLOYER CLECO 5. EMPLOYER'S ADDRESS Post Office Box 5000 Pineville LA 71361-5000 Street and No. City State Zip 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization of (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATIO BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATC LISTING. 1. Name CLECO Address Post Office Box 5000, Pineville, LA 71361-500 (2030 Donabue Forry I Business or purpose Investor-owned electric utility Does this person pay you? 2. Name Address Business or purpose Does this person pay you?				ber .		ı			
Street and No. City State Zip 4. EMPLOYER CLECO 5. EMPLOYER'S ADDRESS Post Office Box 5000 Pineville LA 71361-5000 Street and No. City State Zip 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization of (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATIO BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATC LISTING. 1. Name CLECO Address Post Office Box 5000, Pineville, LA 71361-500 (2030 Donabue Forry I Business or purpose Investor-owned electric utility Does this person pay you? 2. Name Address Business or purpose Does this person pay you?	3. BUSIN	ESS ADDRESS 36	9 EAST LANDR	Y, OPELOUS	LS, LA 70570	E			
5. EMPLOYER'S ADDRESS Post Office Box 5000 Pineville LA 71361-5000 Street and No. City State Zip 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person organization you represent; (c) the type of business each is engaged in of the purpose or function of the organization of (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATIO BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATC LISTING. 1. Name CLECO Address Post Office Box 5000, Pineville, LA 71361-500 (2030 Donahue Ferry E Business or purpose Investor-owned electric utility Does this person pay you? 2. Name Address Business or purpose Does this person pay you?						10.000	Zlp		
5. EMPLOYER'S ADDRESS Post Office Box 5000 Pineville LA 71361-5000 Street and No. City State Zip 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person organization you represent; (c) the type of business each is engaged in of the purpose or function of the organization of (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATIO BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATC LISTING. 1. Name CLECO Address Post Office Box 5000, Pineville, LA 71361-500 (2030 Donahue Ferry E Business or purpose Investor-owned electric utility Does this person pay you? 2. Name Address Business or purpose Does this person pay you?	4 FMPL	OYER CLECO							
Street and No. City State Zip 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization of (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATIO BE SIGNED BY FACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATC LISTING. 1. Name				***					
Street and No. City State Zip 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization of (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATIO BE SIGNED BY FACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATC LISTING. 1. Name	5. EMPL	OYER'S ADDRESS P	ost Office B	ox 5000	Pineville		LA	71361-500	D
organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization of (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATIO BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATC LISTING. 1. Name					City	State		Zip	
Business or purpose Investor-owned electric atility Does this person pay you?	I. I	Name CLECO							
Does this person pay you? If No, who pays you? Address Business or purpose Does this person pay you?	,	Address Post Off	1cs Box 5000					nahue Ferry	Rd.)
If No, who pays you? 2. Name Address Business or purpose Does this person pay you?	I	Business or purpose I	nvestor-ovne	d electric	atility				
2. Name Address Business or purpose Does this person pay you?	21	Does this person pay yo	u? <u>yes</u>						
Address Business or purpose Does this person pay you?		If No, who pays you?							
Business or purpose Does this person pay you?	2. 1	Name	19 (<u>* - 1949)</u>	7246 72	100000000000000000000000000000000000000				
Does this person pay you?	98	Address	47X - 838		<u> </u>		0 14 62 0 94		
Secretary of the Control of the Cont	33.	Business or purpose	-						
If No, who pays you?	i	Does this person pay yo							
	-	If No, who pays you?			- S				

FOR OFFICE USE ONLY Postmark Date: 14-2 colfs

LOBBYING REGIST TION FORM



a conventante	not
Address	<u> </u>
Business or purpose	
Does this person pay you?	
If No, who pays you?	
Name	**
Address	
Business or purposo	
Does this person pay you?	
(f No, who pays you?	
Name	
Address	
Business or purpose	24
Does this person pay you?	
If No, who pays you?	
2 - 1 A ANGELON - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
of <u>LOUISIANA</u>	<i>3</i>
h of RAPIDES	1/
re me, the undersigned authority, personally came and appe	ared Kim W. Fortenst , who, after
17 VAN DAR DAR AT 1337	
sworn by me, did declare and acknowledge to me that the	pove statements are true and correct.
1 14	
Signature of Lobby	rist
m to and subscribed before me on this 26 day of	1 12
in to and subscribed before me on this 10 day of	
0/1	ATTACH
(V . # X/. //)	2" x 2"
Hand X/ William	PHOTOGRAPH
Notary Public	
/	11 12
	REG A N



20

10.

\$6 \$6 \$4

88

₩

22.

123

29

88